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PUBLIC HEALTH REPORTS

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THE UNITED STATES PUBLIC HEALTH SERVICE.

INFORMATION FOR PERSONS DESIRING TO ENTER THE REGULAR CORPS OF THE SERVICE.¹

Historical.

The history of the Public Health Service dates back more than a century. It had its origin in the old Marine Hospital Service, which was first authorized by Congress by the act approved July 16, 1798. Under this act the President was authorized to nominate and appoint medical officers at such ports and places in the United States as might be required to furnish medical care to sick and disabled seamen of the American Merchant Marine, either in hospitals maintained by the United States or by contract with civilian institutions. The marine hospital fund was obtained by imposing a tax of 20 cents per month on seamen employed on American vessels engaged in the foreign and coasting trade. The levy was collected by the collectors of the customs, and in this manner the Service came under the jurisdiction of the Treasury Department, where it has remained since its inception.

The first marine hospital built under the act of 1798 was located at Norfolk, Va., in 1800. In 1802 a marine hospital was built for the port of Boston, and from time to time marine hospitals were built at other important seaports. In order to provide for the relief of seamen on the lakes and rivers, Congress passed an act, approved March 3, 1837, authorizing the appointment of a board of medical officers of the Army to select sites for marine hospitals on the Mississippi and Ohio Rivers and on Lake Erie, and under authority of this act a number of hospitals were established.

The evolution of public health functions from such a service was along natural lines. The medical officers, in providing care for the American Merchant Marine, were often the first physicians to diagnose such diseases as cholera, yellow fever, smallpox, and the like, which were being imported into the United States. This was especially

¹ Prepared by Passed Assistant Surgeon R. C. Williams, from material contained in the following publications:

Miscellaneous Pub. No. 13: The United States Public Health Service as a Career.

Reprint No. 661: The United States Public Health Service: Its Evolution and Organization.

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the case in the southern ports as regards yellow fever; and during epidemics, when called upon by State and local health authorities, the President authorized the Marine Hospital Service to aid the health authorities in giving relief and in the control of these diseases. In the epidemics of cholera which at times occurred in certain ports of the United States, the marine hospitals and the medical officers were utilized wherever practicable for the relief of those suffering from the disease.

During the Civil War the marine hospitals, together with the medical officers, were used by the military authorities, both North and South, for the care of the military forces.

It was not until 1878 that Congress authorized the use of the Marine Hospital Service in an extensive way as the Federal Health Service. The act approved April 29, 1878, gave very broad powers to the Service to cooperate with State and local health authorities in the control of disease, especially yellow fever. This act was for the most part a quarantine act to prevent the introduction of contagious and infectious diseases into the United States. Not until the act of March 27, 1890, was passed did Congress utilize the Marine Hospital Service as the Federal health agency for the prevention of interstate spread of disease. This act authorized the use of the Service for the prevention of only four diseases: Cholera, yellow fever, smallpox, and plague. By the act of February 15, 1893, the powers of the Marine Hospital Service in this regard were extended to cover all infectious and contagious diseases, in cooperation with State and local health agencies.

Recognizing the efficiency of military discipline of the Marine Hospital Corps in the control of epidemic diseases, Congress passed the act approved January 4, 1889, which authorized by law the organization of the Marine Hospital Corps and provided that the officers be commissioned in grades similar to those of the Medical Department of the United States Army. The act approved March 3, 1875, had already provided that the Surgeon General (Supervising Surgeon) should be appointed by the President, by and with the advice and consent of the Senate. This office was created by the act approved June 29, 1870, which defined the duties of the office and provided that the officer appointed be a surgeon.

After the act of 1893, which organized the Marine Hospital Service into the Federal Health Service, Congress continued to impose additional health functions upon the Service, and on July 1, 1902, passed the act which changed its name to the Public Health and Marine Hospital Service and made it a health service in name as well as functions. The larger part of its functions up to this time had been the combating of epidemics, especially those of yellow fever, which from time to time swept over the country. When bubonic plague

threatened the country in 1900, through the port of San Francisco, the Marine Hospital Service was placed in charge of control methods, and after an extensive campaign it succeeded in preventing any extensive spread of that disease throughout the United States.

Functions.

While the public health functions of the Service had their inception in the prevention of the introduction and spread of quarantinable diseases, their development in logical sequence was brought about by growing public opinion. In addition to the quarantine and hospital functions, the activities of the Service include research and educational work. The investigative functions began with the investigation of such diseases as yellow fever and cholera, in the early part of the existence of the Service, but it was not until July 1, 1902, that Congress authorized the establishment of the Hygienic Laboratory for this purpose. Since this legal authorization the Hygienic Laboratory has grown very rapidly, until now it stands as one of the foremost research institutions in the world. It contains approximately 50,000 square feet of space, has a personnel of 119, and is most excellently equipped for carrying on pathological, zoological, pharmacological, bacteriological, chemical, and physiological work.

From the control of epidemics the Public Health and Marine Hospital Service began to develop control measures for the more common contagious and infectious diseases, such as typhoid fever, diphtheria, and scarlet fever. The history of the wonderful control of typhoid fever which has taken place in the United States within the past 15 years is a part of the history of the Public Health Service in cooperation with State and local health agencies; and now typhoid fever, which formerly took a toll of more than 50,000 lives annually of the population of the United States, is responsible for the death of something less than 10,000.

The development of health functions of the Public Health and Marine Hospital Service continued until finally Congress, by the act approved August 14, 1912, changed the name again to its present one, the United States Public Health Service, and at the same time gave it very broad powers to investigate the diseases of man and the pollution of navigable streams and lakes of the United States.

Under existing authority of law, in addition to its hospital functions, the functions of the Public Health Service may be described under the following heads:

1. Protection of the United States from the introduction of disease from without.
2. Prevention of the interstate spread of disease and suppression of epidemics.

3. Cooperation with State and local boards of health in health matters.
4. Investigation of diseases of man.
5. Supervision and control of biological products.
6. Public health education and dissemination of health information.

To protect the United States from the introduction of disease from without, the Service now operates all of the maritime quarantine stations of the United States and its insular possessions. The object of the quarantine service is to protect the United States from diseases like smallpox, typhus fever, leprosy, yellow fever, cholera, and bubonic plague. To further prevent the introduction of diseased persons into the United States, the Service is charged by law with the medical examination of immigrants, and during the fiscal year 1919-20, 762,127 immigrants were examined by its officers.

To prevent the interstate spread of disease and to suppress epidemics, the Service is authorized by law to cooperate with State and local health authorities. At the present time this work includes the suppression of epidemics, such as instituting measures to prevent the spread of bubonic plague on the southern and western coasts; sanitation of vessels and trains of interstate common carriers, including the examination of drinking water used on trains and vessels, and the control of travel of diseased persons; cooperation with State departments of health in making effective State and Federal control over the spread of communicable diseases; and cooperation with the National Park Service in sanitation of national parks to prevent the spread of disease through the use of these parks by the traveling public.

At the request of the State and local health authorities, the cooperative activities of the Public Health Service take numerous forms, such, for example, as conducting studies of public health administration and organization; making sanitary surveys of counties, municipalities, and towns; investigating outbreaks of communicable diseases; and aiding States in the investigation of disease-producing conditions. Very special types of cooperation are such as venereal-disease work of the Public Health Service, work in rural sanitation, and work in the prevention and control of malaria.

Under the act approved August 14, 1912, the Public Health Service is authorized to study and investigate the diseases of man and the pollution of streams. Under authority of this act, the Service is now carrying on investigations in tuberculosis, influenza, pneumonia, anthrax, amebiasis, botulinus poisoning, hookworm, leprosy, malaria, meningitis, pellagra, plague, trachoma, typhoid fever, child hygiene, industrial hygiene, excreta disposal, and stream

pollution. The investigative work is done at various stations in the field and also at the Hygienic Laboratory in Washington.

Under the act of July 1, 1902, the Public Health Service supervises and controls the manufacture of biologic products, such as viruses, vaccines, therapeutic serums, toxins, antitoxins, or analogous products applicable to the prevention and cure of diseases of man. The manufacture of some 96 products is supervised. The manufacture of these products is under license according to regulations, and they are kept under careful supervision by means of inspection made by officers of the Service, the products being constantly tested for purity and potency. The value of the products supervised by the Public Health Service in the fiscal year 1920 is approximately \$10,000,000; and as new advances in preventive medicine are made, the number of these products is continually increasing.

One of the important functions of the Public Health Service is the dissemination of public health information for the use of the public. The scientific public is informed by bulletins prepared by the Hygienic Laboratory and the Division of Scientific Research. State and local health authorities, quarantine officers, and other persons interested in public health matters are kept advised as to the prevalence of diseases by weekly publication of the Public Health Reports. In addition to this information, articles of general interest to sanitarians, on the progress of disease prevention, are published in the Public Health Reports. During the fiscal year 1920 the total issue of pamphlets and bulletins by the Public Health Service, exclusive of those relating to venereal disease, was 5,806,220.

Personnel and Administrative Organization.

The Public Health Service is a bureau in the Treasury Department and is in direct charge of the Surgeon General, whose acts are subject to general supervision and approval by the Secretary of the Treasury. The Surgeon General administers the affairs of the Bureau through seven administrative divisions established by law, namely:

- Division of Marine Hospitals and Relief;
- Division of Domestic Quarantine;
- Division of Foreign and Insular Quarantine;
- Division of Personnel and Accounts;
- Division of Sanitary Reports and Statistics;
- Division of Scientific Research;
- Division of Venereal Diseases.

Examination for Entrance into Regular Corps.

A candidate for appointment in the regular corps of the United States Public Health Service is required to undergo a thorough examination before a board of regular medical officers. In order to

appear for this examination, candidates must be invited by the Surgeon General of the Service. To secure this invitation, the candidate must fill out a blank stating his name, age, place of birth, his marital condition, the college from which he graduated, and his height and weight. He must also certify that he is free from any ailment which would disqualify him for service in any climate. The application should be accompanied by at least two recommendations as to the character and professional ability of the candidate.

Examinations are held at intervals in various large cities of the United States. No allowance is made for the expenses of candidates appearing for examination.

Persons desiring to enter the regular corps of the Public Health Service must be between 23 and 32 years of age, citizens of the United States, graduates of a reputable medical college, and they must have served in a hospital for one year, or engaged in the practice of medicine for not less than two years.

The examination consists of a thorough physical examination, an oral examination in the various branches of general education, and a professional examination in writing in the following branches: Anatomy, physiology, chemistry, materia medica and therapeutics practice of medicine, surgery, obstetrics and diseases of women, pathology and bacteriology, and hygiene and sanitation. A clinical examination is also given in which medical and surgical cases are examined by the candidate, the histories written, the diagnosis established, and the treatment outlined. As a part of the examination in pathology and bacteriology, certain microscopic preparations must be identified. Candidates are required to make a general average of 80 per cent in all branches. In case of rejection, another opportunity may be given to take the examination at the expiration of one year.

Candidates who are invited to appear, report to the chairman of the board at a certain hour on a specified day, usually at 10 a. m. on a Monday. Careful inquiry is made by the board into the diseases from which the candidate has suffered, and the effect which they have had upon his general health. Inquiry is also made into the family history of the candidate to determine whether or not he has any inherited tendency toward disease or conditions which might incapacitate him for active service. He is required to disrobe, and is given a very careful physical examination. The urine is tested and a microscopic examination of the blood and a Wassermann blood test are made. Color perception must be normal. Physical soundness is a prerequisite for appointment. Should the board of examiners find that the candidate is not up to the physical standard, his examination is terminated.

The candidate is next required to write a short autobiography, stating date and place of birth, whether married or single, the school, institution, or college at which he received his general education, the medical school from which he graduated, date of graduation in medicine, the opportunities he has had for engaging in the practice of medicine, surgery, and obstetrics, whether he has been a resident physician or interne in a civil or military hospital, and the opportunities he has had for doing public health work.

The candidate is then given an oral examination, lasting from one-half to one hour, in the general common school and college branches. Questions on geography and current events are also included. No "catch" questions are given. The idea of the oral examination is not entirely to discover what the candidate does or does not know, but also to determine the character of his mental processes, whether he has the ability to think quickly and act quickly, and whether he has been using his brain for the purpose of memorizing things or to think with.

The written examination is given next. As will be seen by the following list, the questions are broad and calculated to give the candidate ample opportunity to demonstrate his real understanding of the subject. The following are a number of questions which have been asked in recent years. Usually five questions are given on each branch. The time allowed for each examination is three hours. The order in which the different branches are given below is that followed during the examination.

ANATOMY.

1. Enumerate the serous membranes of the body and give the relations of the pleura.
 2. Describe the femoral artery and give its branches and relations.
 3. Describe the tibia.
 4. Describe the prostate gland.
 5. Describe the great sciatic nerve.
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1. Describe the inferior maxillary bone, giving its muscular relations.
 2. Describe the hip joint.
 3. Describe the duodenum.
 4. Describe the liver.
 5. Describe the fifth cranial nerve.

PHYSIOLOGY.

1. Name the cranial nerves and give their functions.
 2. Discuss the digestion of fats.
 3. Name the ductless glands and give their functions.
 4. Describe the blood cells and give their origin.
 5. Give the functions of the liver.
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1. Describe the blood in health.
 2. Name the fluids of the body which are acid in reaction and describe one of them.
 3. Give a classification of foods and illustrate with examples.

4. Describe the lymphatic system.
5. Describe the track of a motor impulse originating in the cerebral cortex and resulting in flexion of the knee.

CHEMISTRY.

1. What are the principal constituents of cow's milk?
2. Give the chemical explanation of the souring and curdling of milk.
3. Give qualitative tests for lead, phosphorus, mercury, and formaldehyde.
4. Give the preparation and physical properties of three common salts.
5. Give the chemical formula for potassium iodide and state how it is made.
1. Define acid, alkali, base, salt, molecule, and illustrate with examples.
2. Define alcohols. Name three and give their formulas. Give method of preparation of one.
3. Give the general physical and chemical properties of human urine.
4. Which metals belong to the arsenic group? Describe the principal tests of arsenic.
5. How much iodine is contained in 33 grams of potassium iodide assuming that the atomic weight of iodine is 126 and that of potassium is 39? How many grams of hydrochloric acid and zinc must be combined to produce 1 grain of hydrogen, assuming that the atomic weights are as follows: Zn, 65; Cl, 35; H, 1?

MATERIA MEDICA AND THERAPEUTICS.

1. Give the official preparations and physiological action of caffeine and belladonna.
2. Give maximum and minimum doses of strychnine sulphate, apomorphine hydrochloride, cerium oxalate, fluid extract of ipecac, cocaine hydrochloride, anti-mony and potassium tartrate.
3. State the use of plasters, blisters, ointments, and liniments.
4. Name three expectorants; give manner of action of each and two official preparations of each with doses.
5. Name three local anesthetics and discuss their action.
1. Name three drugs having antipyretic action and give their dosage.
2. Name the principal mydriatics and myotics; give their dosage and indications for their use.
3. Name the principal cardiac stimulants; give their dosage and indications for their use.
4. Name four hypnotics and give their dosage.
5. Name six preparations of mercury, giving their Latin and English names.

PRACTICE OF MEDICINE.

1. Discuss causes, symptoms, physical signs, and treatment of mitral regurgitation.
2. Give symptoms, differential diagnosis, and treatment of estivo autumnal (pernicious) malaria.
3. Give etiology, symptoms, diagnosis, and treatment of diphtheria.
4. Give differential diagnosis of typhoid fever, malarial fever, and acute miliary tuberculosis.
5. Discuss the artificial feeding of infants.
1. Discuss the treatment of pulmonary tuberculosis.
2. Discuss the symptoms and differential diagnosis of typhoid fever.
3. Name three diseases due to animal parasites of the intestinal tract and describe the life cycle of one such parasite.
4. Discuss the etiology and diagnosis of convulsions in an infant.
5. Discuss the etiology, symptoms, and treatment of peripheral neuritis.

PRACTICE OF SURGERY.

1. Give symptoms of stone in the bladder and describe how a stone should be removed.
2. Discuss treatment of hemorrhoids.
3. Give the treatment of tuberculous abscesses.
4. Describe an operation for partial thyroidectomy.
5. Describe diagnosis and treatment of fractures of the middle third of the humerus.
1. Discuss methods of administration of the general anesthetics and name the conditions which influence the choice of an anesthetic.
2. Describe the operation for removal of the appendix.
3. Discuss the differential diagnosis and treatment of gallstones.
4. Discuss the treatment of compound fractures.
5. Discuss the treatment of hypertrophy of the prostate gland.

OBSTETRICS AND DISEASES OF WOMEN.

1. Discuss puberty and the menopause.
2. Give causes and treatment of hemorrhage from the uterus.
3. Give causes and treatment of asphyxia in a newborn child.
4. Discuss the course of labor following a breech presentation and state what measures should be taken by the attending physician.
5. Give cause, treatment, and prevention of ophthalmia neonatorum.
1. Give the symptoms, signs, and differential diagnosis of pregnancy.
2. Discuss the etiology, symptoms, and treatment of eclampsia.
3. Give the etiology and treatment of pernicious vomiting of pregnancy.
4. Give the differential diagnosis and treatment of carcinoma of the cervix uteri.
5. Discuss the differential diagnosis of enlargements of the thyroid gland.

HYGIENE.

1. Give a classification of disinfecting agents and give methods of application of one important disinfectant.
2. Discuss methods of sewage disposal for a city with a population of 100,000.
3. Name three diseases due to water pollution and discuss methods of prevention in case of one of them.
4. Discuss dietary deficiency as a cause of disease.
5. Name six diseases which are transmitted by animal parasites and briefly give mechanism of transmission in one of them.
1. Discuss the transmission of tuberculosis.
2. Discuss the sanitary control of milk supplies.
3. Discuss the relation of climate to health and disease.
4. Describe the essentials of a well-balanced diet.
5. Discuss briefly the relation of exercise, baths, and clothing to health.

PATHOLOGY AND BACTERIOLOGY.

1. Give the technique for (a) the Widal test, (b) red blood cell count, (c) white blood cell count.
2. Give the pathology of cirrhosis of the liver.
3. Give the pathology of inflammation.
4. Describe a method of staining malaria organisms, tubercle bacilli, and diphtheria bacilli.
5. Name and differentiate four of the common pus-producing organisms.

1. Discuss the pathology of lobar pneumonia.
2. Discuss the pathological changes of the cardio-arterial system due to syphilis.
3. Give laboratory methods of establishing diagnosis for typhoid fever.
4. Describe cultural peculiarities of one of the pathogenic spore-bearing bacteria. How is it stained?
5. Describe the method of staining the tubercle bacillus and the Gram method of staining.

Appointments and Promotions.

After passing the examination, the successful candidates are recommended to the President for commissions. The President, in turn, sends the nominations to the Senate. After the names have been confirmed by the Senate, the candidates become assistant surgeons. Newly appointed assistant surgeons for the first four years of duty are detailed, when practicable, in the following order:

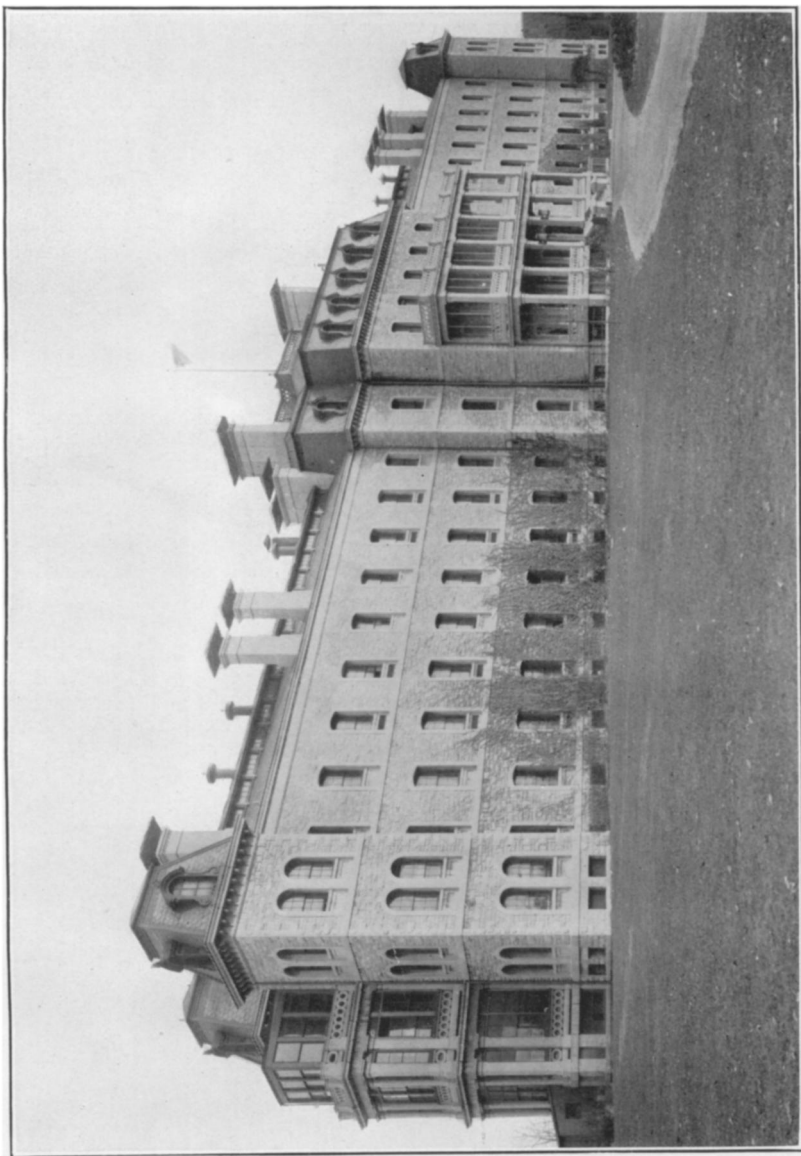
1. United States marine hospital.
2. Quarantine station.
3. Immigration station.
4. Hygienic Laboratory.
5. Field work in public health.

Length of detail in a particular field depends on previous training, public exigencies, and, within limits, the predilection of the officers.

Commissioned officers are not to be appointed to any particular station, but to the general service. They are subject to change of station as the exigencies of the Service may require and serve wherever assigned to duty.

At the end of four years' commissioned service, an assistant surgeon comes up for examination for promotion to the grade of passed assistant surgeon. This examination consists of three parts: (A) Physical; (B) record while in the service; (C) professional. The professional examination consists of written tests in the following branches: (1) Practice of medicine; (2) practice of surgery; (3) hygiene; (4) epidemiology; (5) regulations of the service. In order to be recommended for promotion, an average of 80 per cent must be received in all branches. Should a candidate for promotion fail to achieve the required grade, he will be eligible for reexamination at the expiration of one year, but should he again fail he is not allowed a third examination, and will be reported to the Secretary of the Treasury as not qualified for promotion. An assistant surgeon so reported is requested to tender his resignation.

Passed assistant surgeons at the expiration of 12 years' commissioned service are eligible to examination to determine their fitness for promotion to the grade of surgeon. This examination consists of (A) physical examination; (B) record while in the service; and (C) professional examination. The professional examination consists of a written examination on (1) practice of medicine; (2) surgery; (3) hygiene; (4) hospital and quarantine management; (5)



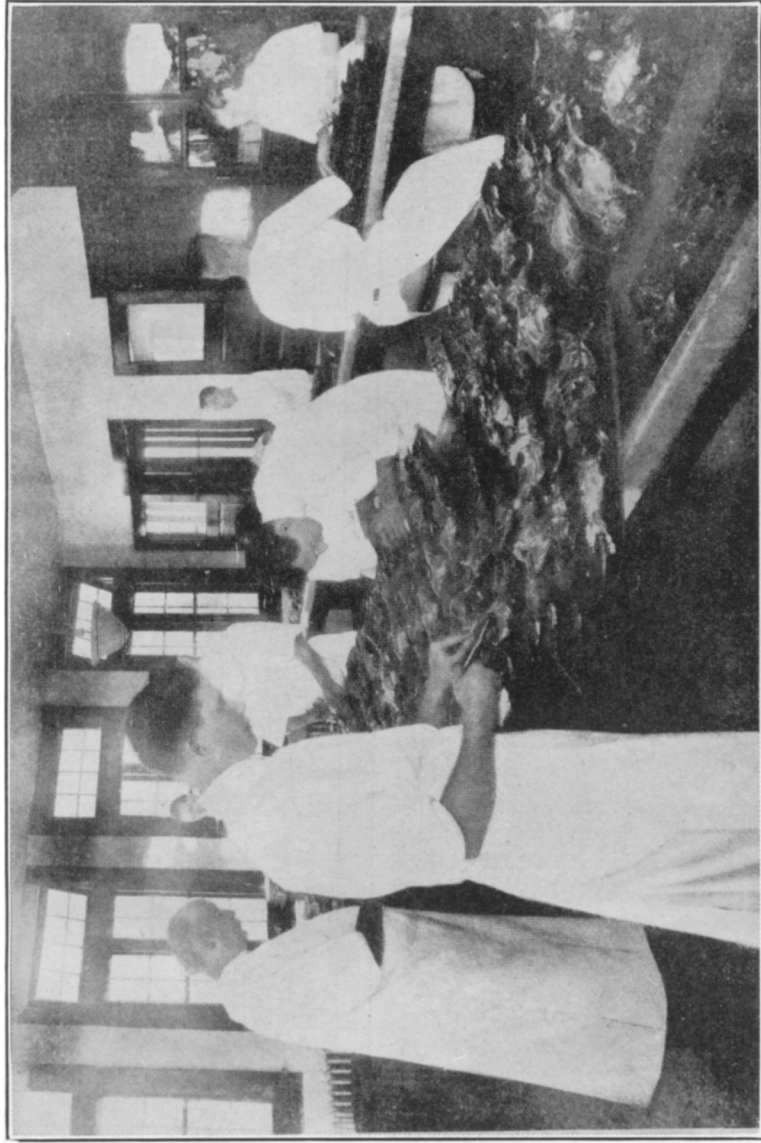
United States Marine Hospital No. 5, Chicago, Ill.



Officers of the United States Public Health Service boarding vessel for quarantine inspection of passengers and crew.



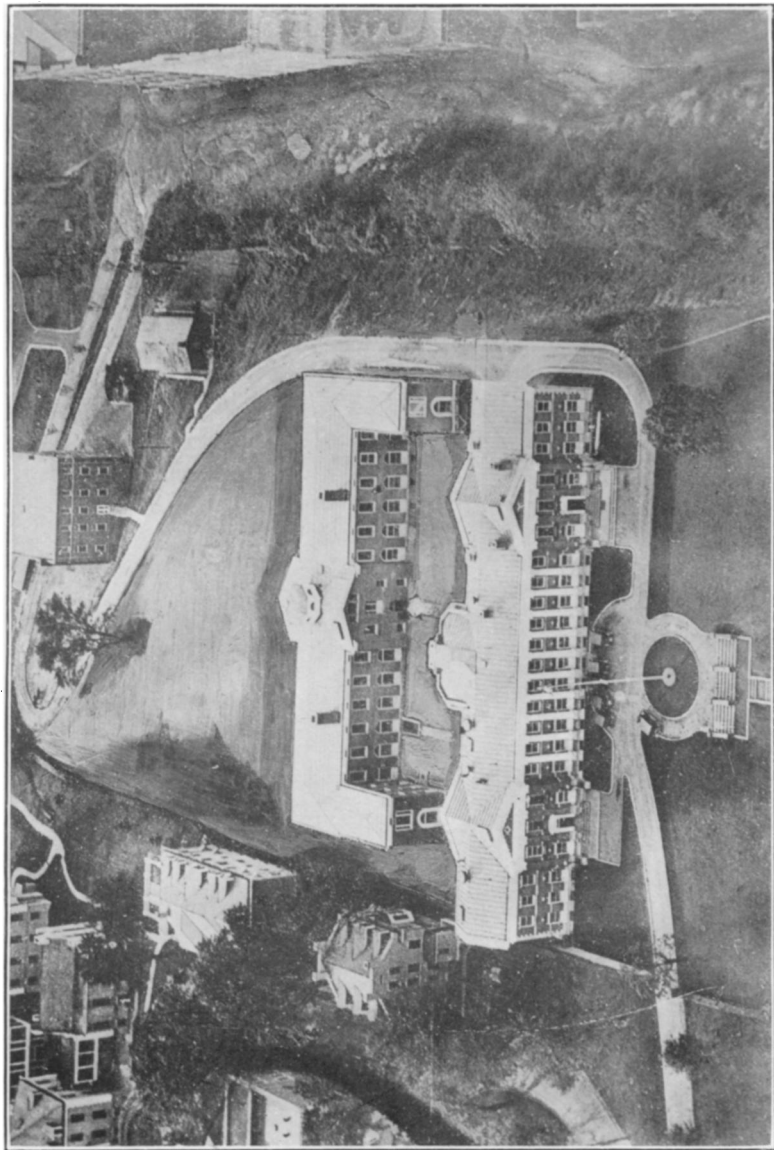
Medical inspection of immigrants by officers of the United States Public Health Service, Ellis Island, N. Y.



Examination of rodent carcasses for bubonic plague, at United States Public Health Service plague laboratory, New Orleans, La.



Officer of the United States Public Health Service fishing for mosquito larvæ. (Field investigations of malaria.)



Hygienic Laboratory of the United States Public Health Service, Washington, D. C.

regulations of the Public Health Service. An average marking of 80 per cent is required as a passing mark. If a passed assistant surgeon is so unfortunate as to fail in his first examination for promotion to the grade of surgeon, he is not given another examination until the expiration of one year. If he should fail in this second examination, he is reported to the Secretary of the Treasury as not qualified for promotion. A passed assistant surgeon so reported is requested to tender his resignation.

When vacancies occur in the grade of senior surgeon the ranking surgeon is ordered before a board of regular officers, which gives him a thorough physical examination and makes a review of his record for fitness. No officer is promoted who is not found physically fit and whose record does not show meritorious service, or who is over 64 years of age.

Vacancies in the grade of assistant surgeon general at large are filled by promotion of the ranking senior surgeon or an officer who has served as Surgeon General. Before promotion to this grade an officer must appear before a board of regular officers for physical examination and review of his record as to fitness. No officer is promoted who is over the age of 64, who is not found physically fit, and whose record does not show meritorious service.

When a surgeon or senior surgeon fails in an examination for promotion he is reported to the Secretary of the Treasury as not qualified for promotion. When so reported he is placed in the official register of the service as "not in line of promotion."

Leaves of Absence, Pay and Allowances.

An officer is entitled to one month's leave during each year, and he may accumulate this leave to the amount of four months. He is also granted sick leave when taken ill in line of duty. Should he become unable, by reason of disease or accident (not of a temporary nature and not the result of dissipated habits) to perform his duties, he is, after the expiration of his ordinary and sick leave, carried on "waiting orders" status. Officers on waiting orders receive three-fourths of their pay.

As regards the expenses incident to the service, it may be stated that stations are supplied with medical books and periodicals, and there is no necessity for the officer purchasing these or the instruments of his profession. He is, however, obliged to own and keep in good condition a set of uniforms. When traveling on official duty actual and necessary expenses are met by the Government.

When serving where quarters are not provided by the Government, commutation therefor at the rate of \$12 per month per room is received. Three rooms is the number fixed for assistant surgeons, four for passed assistant surgeons, and so on, adding one room for each additional grade.

Pay and allowances of commissioned medical officers.

Grade and length of service.	Base pay per annum.	Increased compensa- tion per annum effective until June 30, 1922. ¹	Longevity increase per annum. ²	Commuta- tion for quarters per annum.	Average allowances for heat and light per annum.	Total pay and allow- ances per annum.
Assistant surgeon.....	\$2,000	\$600	-----	\$432	\$191	\$3,223
Passed assistant surgeon.....	2,400	720	-----	576	224	3,920
After five years' service.....	2,400	720	\$240	576	224	4,160
After ten years' service.....	2,400	720	480	576	224	4,400
Surgeon:						
After five years' service.....	3,000	840	300	720	255	5,115
After ten years' service.....	3,000	840	600	720	255	5,415
After fifteen years' service.....	3,000	840	900	720	255	5,715
After twenty years' service.....	3,000	840	1,000	720	255	5,815
Senior surgeon.....	3,500	600	1,000	864	287	6,251
Assistant surgeon general.....	4,000	600	1,000	1,008	317	6,925
Surgeon general.....	6,000	-----	-----	1,152	342	7,494

¹ In the meantime a congressional committee is to investigate the pay situation and to make a report on the matter to Congress by January, 1922, with a view to offering recommendations for permanent readjustment of pay.

² At the end of 5 years' service an additional 10 per cent of the base pay is allowed, and for each 5 years thereafter up to 20 years' service an additional 10 per cent is added to the base pay. This is called a longevity increase.

Officers ordered to permanent changes of station are entitled to transportation for wife and dependent children, and also for transportation of household effects not to exceed 7,200 pounds.

Field of Work.

The Public Health Service has a broad and varied field of work, including the medical care of certain beneficiaries, patients of the Veterans' Bureau, officers and enlisted men of the United States Coast Guard, sailors of the Merchant Marine, etc., at the United States marine hospitals and Public Health Service Hospitals; the examination of arriving alien immigrants at ports of entry; the conduct of national quarantine stations; the prosecution of campaigns against epidemic disease; the examination of biological products offered for sale in interstate commerce; the carrying out of research study in the Hygienic Laboratory, Washington, D. C.; and the study of the various factors in the protection of the public health in all parts of the Nation. In time of war, officers may be ordered by the President to duty with either the Army or the Navy. The regular officers of the Public Health Service are commissioned by the President by and with the advice and consent of the Senate, and their continuance in office is dependent only upon their good behavior and attention to duty.

BIRTH RATES IN THE UNITED STATES, 1920.

RATES IN THE BIRTH REGISTRATION AREA, FURNISHED BY THE BUREAU OF THE CENSUS.

The Department of Commerce, through the Bureau of the Census, announces that in the year 1920 there were 1,508,874 births reported within the birth registration area of the United States, which includes